

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/22/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155026</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>12/15/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GREENWOOD VILLAGE SOUTH</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>295 VILLAGE LANE</b> <b>GREENWOOD, IN 46143</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) for Complaint IN00096244 completed on 10/11/11.</p> <p>This visit was also in conjunction to the PSR for Complaint IN00098697 and IN00099021 completed on 11/3/11.</p> <p>This visit was also in conjunction to the Recertification and Licensure Survey.</p> <p>Complaint IN00096244- Corrected.</p> <p>Survey dates: December 11, 12, 13, 14 and 15, 2011</p> <p>Facility number: 000010 Provider number: 155026 AIM number: 100453660</p> <p>Survey Team: Leia Alley, RN, TC Marcy Smith, RN Barbara Hughes, RN Patty Allen, BSW Beth Kolasa, RN (December 12, 13, 14) Dinah Jones, RN (December 13, 14, 15)</p> <p>Census bed type: SNF: 30 SNF/NF: 71 Residential: 147 Total: 248</p> <p>Census payor type: Medicaid: 29 Medicare: 16</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	<p>Continued From page 1</p> <p>Other: 203 Total: 248</p> <p>Sample: 21 Residential Sample: 10</p> <p>Greenwood Village South was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Investigation of Complaint IN00096244.</p> <p>Quality review completed on December 21, 2011 by Bev Faulkner, RN</p>	{F 000}			